

USM-285 is a 5-part form. Fill out the form and print 5 copies. Sign as needed and route as specified below.

**U.S. Department of Justice
United States Marshals Service**

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal."

PLAINTIFF United States of America	COURT CASE NUMBER 16-00312	
DEFENDANT MARYBETH NADINE LOCKWOOD & BENJAMIN THOMAS WOOD	TYPE OF PROCESS HANDBILL <i>Punting</i>	
SERVE AT {	NAME OF INDIVIDUAL, COMPANY, CORPORATION ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN MARYBETH NADINE LOCKWOOD	
	ADDRESS <i>(Street or RFD, Apartment No., City, State and ZIP code)</i> 4104 Trabert Court, Dover, PA 17315	
SEND NOTICE OF SERVICE COPY OF REQUESTER AT NAME AND ADDRESS BELOW KML Law Group, P.C. 701 Market Suite 5000 Philadelphia, PA 19106	Number of process to be served with this Form 285	
	Number of parties to be served in this case	
	Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses
All Telephone Numbers and Estimated Times Available for Service)

Please post premises by 7/1/2016

Signature of Attorney other Originator requesting service behalf of: PLAINTIFF
 DEFENDANT TELEPHONE NUMBER: 215-627-1322 DATE: 5/18/16

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. Signature for USMS 255 if more than one USMS is substituted.	Total Process	District of Origin No. 47	District to Serve No. 47	Signature of Authorized USMS Deputy or Clerk de	Date 5/18/16
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I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc., shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below).

Name and title of individual served (if not shown above)	A person of suitable age and discretion there residing or defendant's usual place of abode	
Address (complete only if different than shown above)	Date 12/16	Time 1020 <input checked="" type="checkbox"/> am <input type="checkbox"/> pm
Signature of Clerk, Sheriff or Deputy <u>M. M. S.</u>		

Service Fee	Total Mileage Charge: including customers.	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Mailbox Co. (Amount to Refund)
65 -	60 m x .54		97.40		\$0.00 <u>97.40</u>

REMARKS 1 DUSM x 1hr + 60m
#65 + #32:40

- 1. CLERK OF THE COURT**
 - 2. USMS RECORD**
 - 3. NOTICE OF SERVICE**
 - 4. BILLING STATEMENT***: To be returned to the U.S. Marshal with payment if my address is owed. Please remit promptly payable to U.S. Marshal.
 - 5. ACCURACY STATEMENT OR RECEIPT**

PRIOR EDITIONS MAY BE USED

Form USM-235
Rev. 12-30